



CITY OF SAN ANTONIO
WRITTEN TESTIMONY FORM

AGENDA ITEM NUMBER: _____

PLEASE PRINT CLEARLY AND COMPLETE ALL SPACES

I am appearing before this body to testify: () for () against () resource

I do not wish to testify, but wish to register as indicated: () for () against
() written testimony, only

Written/Typed Testimony:

If additional space is required, please use the back of this form or attach additional pages with written/typed remarks. Limit word count to no more than what can be read in 3 minutes.

NAME/TITLE: _____

REPRESENTING: (Please, no acronyms):

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____

FAX: () _____

E-MAIL: _____

Signature of Person Testifying

Date

Note: Forms will be available on the day of the council meeting starting at 8 a.m. in the foyer at the front entrance to the Council Chamber. No e-mails will be accepted. This procedure is an option for citizens to exercise who have signed-up to speak.